

### **Instructions for the Supplement to the State of Indiana Health Exhibit**

Pursuant to Indiana Code 27-8-10-2.1, net losses of the Indiana Comprehensive Health Insurance Association shall be assessed in accordance with its provisions to its members. In order for the assessment to be made accurately, you are required to complete the Supplement to the State of Indiana Health Exhibit form and return it to the address indicated below by **March 1, 2009, even if your company had no data to report for the calendar year indicated.** The Supplement must be returned via traceable mail (certified mail, UPS, Fedex, etc.) to the address indicated below.

#### **Indiana Premiums Deduction Section:**

For the Indiana Premiums Deduction section, indicate the total amount of Indiana premiums written for each of the ten types of coverage/policies. These amounts will reduce your total Indiana written premiums for the year ending December 31, 2008. Your total Indiana written premiums for the year ending December 31, 2008 will be obtained from the Indiana Department of Insurance.

1. Accident Only, credit, dental, vision, Medicare supplement, long term care, or disability income insurance.
2. Coverage issued as a supplement to liability insurance.
3. Automobile medical payment insurance.
4. A specified disease policy issued as an individual policy.
5. A limited benefit health insurance policy issued as an individual policy.
6. A short term insurance plan that may not be renewed and has a duration of not more than six months.
7. A policy that provides a stipulated daily, weekly, or monthly payment to an insured during hospital confinement, without regard to the actual expense of the confinement.
8. Worker's compensation or similar insurance.
9. A student health policy.
10. Medicaid, Medicare Risk and FEHBP policies.

Please be sure to attach a copy of the page listed from your annual statement, as indicated on the Supplement Form. Include only the Indiana page, not the entire statement.

**Return the completed form via traceable mail to the following address by March 1, 2009:**

**ICHIA  
Attn: Client Accounting  
4550 Victory Lane  
Indianapolis, IN 46203**